

(d) Date subscribed and sworn to Notary Public

INDIANA DEPARTMENT OF NATURAL RESOURCES DIVISION OF RECLAMATION

1. Calendar Quarter Ending: Year 2. Mark "X" in this box if first report for ☐ March 31 December 31 ☐ June 30 September 30 this permit. 3a. State Permit Number 4a. Federal Mine ID Number 4b. Federal Tax ID Number 3b. Permit Expiration Date Name of Permittee Mailing Address (number and street, city, state, ZIP code) of Permittee 6. Name of Operator (if other than permittee) Mailing Address (number and street, city, state, ZIP code) LOCATION OF MINE 7. Name of Mine County(s) Type of Mine Surface Underground No surface effects Name of Contact Person Telephone Number 10. Note here if mine has ceased operation during quarter: ☐ Mined partial quarter ■ Mined full quarter 11. EXCESS MOISTURE WEIGHT REDUCTION (a) Total Moisture % % (b) Inherent Moisture % (c) Excess Moisture (10a - 10b) 12. COMPUTATION OF FEE (a) Coal used, Transferred or Sold (Gross) (b) Tonnage Reduction for Excess Moisture (11c x 12a) (c) Tonnage Subject to Fee (12a – 12b) (d) Reclamation Fee Due (i) Surface (12c x .055) \$ (ii) Underground (12c x .03) \$ **CERTIFICATION** (a) I HEREBY CERTIFY that the statements made herein are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. (b) Printed or typed name of reporting person (corporate officer, agent of director, on behalf of the operator, or (c) Signature of reporting person (corporate officer, agent of the director, on behalf of the operator, or operator) **SEAL**

IC 14-34-16-6 provides that any person, corporate officer, agent, or director, on behalf of a coal mine operator who knowingly makes any false statement, representation or certification, or knowingly fails to make any statement, representation of certification required in this section shall upon conviction, be punished by a fine of not more than \$5,000 or by imprisonment for not more than one year or both.

Date commission expires

Signature of Notary Public